EMS/Search & Rescue Incident Flat File Format

- Delimiter Record
- Vendor & Software Identification Record
- As with NFIRS, if a transaction is "empty" – it should not be created
- Must also support a departmental file similar to NFIRS
- Record Types 17000-17999 reserve for state-defined incident-level user fields
- Record Types 18000-18999 reserve for state-defined patient-level user fields

Record Type	Description	Source Table	Comments
10000	Incident Header	EMS_MAIN	Include SERVICE# as part of key
10005	Incident Basic	EMS_MAIN	
10010	Scene Address	EMS_MAIN	
10020	Aid Given or Received	INC_MAID	Include SERVICE# from LKP_DEPT
10030	Report Authority	EMS_AUTH	Single record type for all records Include AUTH_TYPE field in trx
10040	Remarks	EMS_MAIN	
10100	Patient Basic	EMS_PTNT	Multiples per incident Default last name to first letter of last + first + middle (e.g. GBG) Include MC code fields for: • Insurance (only send type?) • Prior Aid Given • Scene Factors • Human Factors • Injury/Illness Types (no symptoms) • Safety Eqpt Worn • Signs & Symptoms • Past History & Alerts • Expo Type + Staff ID (parallel) • Expo Precautions
10110	Patient Confidential	EMS_PTNT	Check box option on export form determines if this record type is created. If created, on import this will update fields on the patient record. Includes name, address, social security and any info that could be used to specifically identify a person.
10120	Patient Billing/Guardian Info	EMS_BILL	Check box option on export form determines if this record type is created.
10130	Patient Injury Matrix	EMS_MTRX	
10140	Patient Cardiac Arrest	EMS_CARD	Includes MC for pre-arrival arrest descriptor codes
10150	Patient Procedure	EMS_PROC	
10160	Patient Medication	EMS_MEDS	
10170	Patient Vitals/Assessment	EMS_VITA	
10180	Patient Special Study	EMS_SPCL	
10190	Patient Injury/Illness	EMS_INJU	
10200	Vehicle Accident	EMS_VEH	
10300	Search & Rescue	EMS_RESC	Includes MC for types of rescue eqpt used
20000	Department Header		
20010	Department Personnel		
20020	Department Units		

EMS/Search & Rescue Incident Flat File Format

Overview
This section explains some of the conventions used in documenting the FIREHOUSE *Software* EMS/Search & Rescue Incident Flat File Format.

Transaction Record Hierarchy
The incident transaction records have been designed under the assumption that if a particular piece of information has not been collected as part of an incident, and empty record should not be transmitted. To accomplish this, a transaction hierarchy has been created so a parent transaction can be sent with only those applicable child transactions.

> Example:
> If the patient did not cardiac arrest during the incident, the Patient Cardiac Arrest transaction (10140) doesn't need to be transmitted.

However, it must be mentioned, that all child transactions require a parent transaction, even if that transaction is empty. Therefore, an empty parent transaction would be submitted even though it contains no information if a child transaction was to be submitted.

See Table EMS-1 for the transaction hierarchy.

TABLE EMS-1

(10000) Incident Header Transaction
(10005) Basic Incident Transaction
(10010) Scene Address Transaction
(10040) Incident Remarks Transaction
(10100) Basic Patient Transaction
(10105) Report Authority Transaction
(10110) Patient Confidential Transaction
(10120) Patient Billing/Guardian Transaction
(10130) Patient Injury Matrix Transaction
(10140) Patient Cardiac Arrest Transaction
(10150) Patient Procedure Transactions
(10160) Patient Meds Transactions
(10170) Patient Vitals/Assessment Transactions
(10180) Patient Special Study Transactions
(10190) Patient Injury/Illness Transactions
(10200) Vehicle Accident Transaction
(10300) Search & Rescue Transaction
(20000) Department Header Transaction
(20010) Department Personnel Transaction
(20020) Department Unit Transaction

Delimiters
Fields within the transaction record can be delimited using a character or series of characters defined by the creator of the transaction file. The first record in the file <u>MUST</u> be the delimiter. NOTE: The delimiter <u>MUST</u> be different from the sub-delimiter used to denote multiple-choice answers, which is a semi-colon (;) (explained in detail below).

Transaction Record Termination
All records in the file must be terminated with a delimiter, followed by a carriage return, followed immediately by a line feed.

Software Title, Version, and Layout Version

Each vendor and/or custom system will be required to submit the Software Title and Version Number of the export system along with the layout version being adhered to in the second record of each EMS transaction file. The Software Title may be up to 30 characters in length and the Software Version Number may be up to 10 characters in length. The second record in the file MUST contain both the software title and version number.

Example:
Delimiter	^
Software Title	FIREHOUSE Software
Software Version	5.0.25
Layout Version	4

Vendor and Software Identification Record   FIREHOUSE Software^5.0.25^4^

Addition, Deletion, Change, and No Activity

Each incident supports a delete/change flag with the exception of transactions 10150, 10160, and 10170.

Each transaction record has a transaction type field, which can have the following values.

Value	Transaction Type
Blank	Addition
1	Change
2	Delete
3	No Activity

Add Incident
When a new incident is transmitted, the first record should be the Basic Incident Transaction. If this is not the first record of the new incident, a fatal error will be generated. All subsequent transactions are included with the incident until the key values change or the end of the file is reached.

Change and Delete Transaction
When an incident needs to be modified, a Change transaction should be transmitted. This includes changing records that already exist as well as transmitting new records for an existing incident (e.g. adding another patient record to an existing incident). This change transaction must contain all the field values that should replace all the existing values for that transaction. (i.e. – If one field in a transaction changes, the entire transaction must be transmitted).

When

When a particular transaction has been removed from an incident, a Delete transaction should be transmitted. When a parent transaction is deleted, all child transactions for that parent are also deleted. If the Basic Incident Transaction is deleted, the entire incident is deleted.

All transactions for an incident must appear at the same point in the transaction file. To ensure proper execution of change and delete transactions for an incident, they must be grouped into the following order.
- Changes to existing records for the exposure
- Deletion of existing records for the exposure (in descending sequence)
- Addition of new records for the exposure (in ascending sequence)

Delete transactions MUST be grouped in descending sequence to ensure proper processing. For example, if three (3) patient records exist for an incident and the last two (2) are to be deleted, the transactions should be transmitted as follows:

- Delete Patient Number 3
- Delete Patient Number 2

Addition transactions must be aware of any/all delete transactions that have been previously processed for the incident, and must use the appropriate sequence numbers. If in the above example, a new patient were to be added after the delete transactions had been processed, the first patient added must use patient number 2.

No Activity
No activity transactions should only send the Basic Incident Transaction, with only the key fields and the Alarm Date and Time completed.

Department Transactions
The Department Transactions records (record types 20000 through 20020) are provided for the transmission of specific department information. These records, when transmitted, need to be contained in a separate flat file (i.e. These records can not be transmitted as part of the EMS incident flat file). When reporting begins, each department will need to submit an initial Department Header Record (record type 20000) in a separate flat file so that basic information about each department can be established in the State database.

Sequence Numbering Methodologies
When multiple records can occur for a single type of transaction, the transactions employ one of two possible numbering methodologies. For both types of methodologies, the numbers must be incremented by one (1). In addition, the transaction records must occur in the file in their ascending sequential order (although the transaction records do not necessarily need to appear one after the other).

Zero Based
Numbers starting at 0 and incrementing by 1
One Based
Numbers starting at 1 and incrementing by 1

Data Types Legend

A (Alphabetic)
Alphabetic characters. If the user has not provided information, an empty field should be transmitted.

X (Text)
Alphanumeric or special characters. If the user has not provided information, an empty field should be transmitted.

N (Numeric)
Integer numbers (no decimal points). If the user has not provided information, an empty field should be transmitted. All Integer values are assumed to be positive. Any fields which allow a negative Integer value have been denoted with "+ or –" in the comment field. Negative numbers should be transmitted with the minus sign preceding the digits.

F (Floating Point)
Floating point precision numbers (The expected length column depicts the max left and right side precision). If the user has not provided information, an empty field should be transmitted.

C (Coded Field)
The coded field relating to an entry in the code table. Most coded fields allow for Plus+ One codes. For these fields the expected length of the coded entry is depicted as (National length OR

Plus+ One length). Only fields with this notation in the expected length column allow for Plus+ One definitions. If the user has not provided information, an empty field should be transmitted.

<u>Y (Yes/No)</u>
A (Y)es/(N)o flag. NOTE: This is case sensitive and must be capital Y or N. If the user has not provided information, a value of N should be transmitted (if no value is transmitted, N is assumed).

Positive and Negative Numbers

Certain Numerical Fields can contain positive or negative numbers. When a numerical field has a value that is positive, only the number should be given and the field length requirements should be observed. However, when a field value is negative, the number should be preceded by a minus sign (-), and the field length requirements should be observed, without accounting for the minus sign.

Multiple Choice Fields

Fields that permit multiple values (e.g. a multiple choice coded field) must use a semi-colon (;) to separate the coded values. The field must ALWAYS end with a semi-colon, EXCEPT if the field contains no values.

Example:
Delimiter: ^
User had selected the following coded values (1,22,30).
(Prior fields) ^1;22;30;^ (Subsequent fields)
Note: If the field had been empty, the transaction record would appear as follows:
(Prior fields) ^^ (Subsequent fields)

Multiple Choice fields allow for Plus+ One codes (described above). A 'MC' in the Comments column designates multiple-choice fields. In addition, the maximum number of responses allowed is noted in parenthesis.

If 'None' is the given response for a multiple choice questions, the 'None' code should be listed in the field. This allows for the critical differentiation between a 'None' response and a field for which there was no response.

Date and Time

Date and Time field responses can have the following notations in the transaction, depending on the type of field (Date Only or Date and Time).

Field Type Scenario Field Format
Date Only or Date and Time No Date or Time Provided Blank
Date Only YYYYMMDD
Date and Time Seconds not recorded YYYYMMDDHHMM
Date and Time Seconds recorded YYYYMMDDHHMMSS

Zip Code

Zip Codes can be provided using either 5 or 9-digit notation. NOTE: No hyphens should be used when transmitting the 9-digit notation.

Zip Code Type Field Format
5-digit Notation NNNNN
9-digit notation NNNNNNNNN

TABLE EMS-2. Index of Transactions

Trans ID	Transaction	Source Table	# Records Expected	Comments
10000	Incident Header	EMS_MAIN	1 per incident	
10005	Basic Incident	EMS_MAIN	1 per incident	
10010	Scene Address	EMS_MAIN	1 per incident	
10040	Incident Remarks	EMS_MAIN	1 per incident	
10100	Patient Basic	EMS_PTNT	1-m w/incident	
10105	Report Authority	EMS_AUTH	1-m w/Patient Basic	
10110	Patient Confidential	EMS_PTNT	1-1 w/Patient Basic	
10120	Patient Billing/Guardian	EMS_BILL	1-1 w/Patient Basic	
10130	Patient Injury Matrix	EMS_MTRX	1-1 w/Patient Basic	
10140	Patient Cardiac Arrest	EMS_CARD	1-1 w/Patient Basic	
10150	Patient Procedure	EMS_PROC	1-m w/Patient Basic	
10160	Patient Medication	EMS_MEDS	1-m w/Patient Basic	
10170	Patient Vitals	EMS_VITA	1-m w/Patient Basic	
10180	Patient Special Study	EMS_SPCL	1-m w/Patient Basic	
10190	Patient Injury/Illness	EMS_INJU	1-m w/Patient Basic	
10200	Vehicle Accident	EMS_VEH	1-1 w/Patient Basic	
10300	Search & Rescue	EMS_RESC	1-1 w/Patient Basic	
20000	Department Header			
20010	Department Personnel		1-m w/Dept Header	
20020	Department Units		1-m w/Dept Header	

EMS transaction layout version:	**4**

Incident Header Transaction (10000)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10000
5	Transaction Type	C		1			
6	Station	X		3	EMS_MAIN	STATION	
7	Codeset	N		4	EMS_MAIN	CODESET	Codeset of the codes used

Basic Incident Transaction (10005)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10005
5	Transaction Type	C		1			
6	Fire Dept. ID	X		5		FDID	
7	Type of Service	C		2	EMS_MAIN	SVC_TYPE	
8	Aid Given/Received Type	C		2	EMS_MAIN	MUTL_AID	
9	Alarm DateTime	N		12 or 14	EMS_MAIN	ALM_DATE/TIME	
10	Dispatch DateTime	N		12 or 14	EMS_MAIN	DISP_DATE/TIME	
11	Arrival DateTime	N		12 or 14	EMS_MAIN	ARV_DATE/TIME	
12	Cleared DateTime	N		12 or 14	EMS_MAIN	CLR_DATE/TIME	
13	Shift	C		1	EMS_MAIN	SHIFT	
14	District	C		5	EMS_MAIN	DISTRICT	
15	Reason Dispatched	X		50	EMS_MAIN	REASON	
16	911 Used	C		1	EMS_MAIN	E911_USED	
17	# Patients	N		4	EMS_MAIN	PT_VICT	
18	Crash ID	X		10	EMS_MAIN	CRASH_NO	

Scene Address Transaction (10010)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10010
5	Transaction Type	C		1			
6	Address Type	N		4	EMS_MAIN	ADDR_TYPE	
7	Address Vicinity	N		4	EMS_MAIN	ADDR_VIC	
8	Location Type	C		2	EMS_MAIN	LOC_TYPE	
9	Property Ownership	C		2	EMS_MAIN	PROP_OWN	
10	Street Number	X		8	EMS_MAIN	NUMBER	
11	Street Prefix	X		2	EMS_MAIN	ST_PREFIX	
12	Street Name	X		25	EMS_MAIN	STREET	
13	Street Type	X		4	EMS_MAIN	ST_TYPE	
14	Street Suffix	X		2	EMS_MAIN	ST_SUFFIX	
15	Apt/Room Number	X		15	EMS_MAIN	APT_ROOM	
16	Cross Street Prefix	X		2	EMS_MAIN	XST_PREFIX	
17	Cross Street	X		25	EMS_MAIN	XSTREET	
18	Cross Street Type	X		4	EMS_MAIN	XST_TYPE	
19	Cross Street Suffix	X		2	EMS_MAIN	XST_SUFFIX	
20	City	A		25	EMS_MAIN	CITY	
21	State	A		2	EMS_MAIN	STATE	
22	Zipcode	N		5 or 9	EMS_MAIN	ZIP	
23	Census	X		7	EMS_MAIN	CENSUS	
24	Zone	X		10	EMS_MAIN	ZONE	
25	County	X		5	EMS_MAIN	COUNTY	**FIPS CODE for county
26	Township	X		4	EMS_MAIN	TOWNSHIP	
27	FIPS County	X		5			
28	FIPS City	X		7			
29	Latitude	F		10.6	EMS_MAIN	LATITUDE	
30	Longitude	F		10.6	EMS_MAIN	LONGITUDE	
31	Rural	X		999	EMS_MAIN	RURAL	

Mutual Aid Given/Received Transaction (10020) * This transaction was pulled from the export**

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10020
5	Transaction Type	C		1			
6	Mutual Aid Type	C		2	INC_MAID	MUTL_AID	
7	MA Dept. Code	X		10	INC_MAID	MA_DEPT	
8	MA Dept. Incident #	X		12	INC_MAID	THEIR_INCI	
9	MA Dept. State	X		2	INC_MAID	STATE	
10	Notified DateTime	N		12 or 14	INC_MAID	NOTIF_DATE/TIME	
11	Cancelled DateTime	N		12 or 14	INC_MAID	CANCEL_DATE/TIME	
12	Arrival DateTime	N		12 or 14	INC_MAID	ARV_DATE/TIME	
13	Cleared DateTime	N		12 or 14	INC_MAID	CLR_DATE/TIME	
14	Fire Apparatus Provided	N		4	INC_MAID	APP_SUPP	
15	Fire Personnel Provided	N		4	INC_MAID	PER_SUPP	
16	EMS Apparatus Provided	N		4	INC_MAID	APP_EMS	
17	EMS Personnel Provided	N		4	INC_MAID	PER_EMS	
18	Rescue Apparatus Provided	N		4	INC_MAID	APP_RESCUE	
19	Rescue Personnel Provided	N		4	INC_MAID	PER_RESCUE	
20	Other Apparatus Provided	N		4	INC_MAID	APP_OTHER	
21	Other Personnel Provided	N		4	INC_MAID	PER_OTHER	

Incident Remarks Transaction (10040)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10040
5	Transaction Type	C		1			
6	Remarks	X		999	EMS_MAIN	NARRATIVE	

Basic Patient Transaction (10100)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)
1	Service #	X		10	EMS_MAIN	SERVICE
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE
3	Incident #	N		10	EMS_MAIN	INCI_NO
4	Record Type	N		5		
5	Transaction Type	C		1		
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE
7	Patient Initials	X		3	EMS_PTNT	LAST
8	Patient DOB	N		8	EMS_PTNT	DOB
9	Patient Gender	C		1	EMS_PTNT	GENDER
10	Patient Height	N		4.4	EMS_PTNT	HEIGHT_FT/HEIGHT_IN
11	Patient Weight	N		4	EMS_PTNT	WEIGHT_LBS
12	Patient Race	C		2	EMS_PTNT	RACE
13	Patient Ethnicity	C		2	EMS_PTNT	ETHNICITY
14	Patient Insurance	N		4	EMS_PTNT	INSURANCE
15	Patient Insurance Codes	C		2		
16	Unit Nofication DateTime	N		12 or 14	EMS_PTNT	NOTIF_DATE/NOTIF_TIME
17	Unit Enroute DateTime	N		12 or 14	EMS_PTNT	ROLL_DATE/ROLL_TIME
18	Unit Cancelled DateTime	N		12 or 14	EMS_PTNT	CANCEL_DATE/CANCEL_TIME
19	Unit Arrived at Scene DateTime	N		12 or 14	EMS_PTNT	ARV_DATE/ARV_TIME
20	Unit Arrived at Patient DateTime	N		12 or 14	EMS_PTNT	PT_DATE/PT_TIME
21	Unit Enroute to Destination DateTime	N		12 or 14	EMS_PTNT	LV_DATE/LV_TIME
22	Unit Arrived at Destination DateTime	N		12 or 14	EMS_PTNT	DEST_DATE/DEST_TIME
23	Unit Cleared DateTime	N		12 or 14	EMS_PTNT	CLR_DATE/CLR_TIME
24	Unit Back in Service DateTime	N		12 or 14	EMS_PTNT	IN_DATE/IN_TIME
25	Unit ALS DateTime	N		12 or 14	EMS_PTNT	ALS_DATE/ALS_TIME
26	Response Code to Scene	C		2	EMS_PTNT	RESP_CODE
27	Lights & Siren to Scene	C		2	EMS_PTNT	LS_TO
28	Lights & Siren from Scene	C		2	EMS_PTNT	LS_FROM
29	Unit Total Miles	N		7	EMS_PTNT	TOT_MILES
30	Unit Loaded Miles	N		7	EMS_PTNT	LOAD_MILES
31	Injury Intent/Other Factors	C		2	EMS_PTNT	INTENT
32	Initial Observed Condition	C		2	EMS_PTNT	INIT_COND
33	Chief Patient Complaint	X		50	EMS_PTNT	COMPLAINT
34	Patient Symptoms	C		6		
35	Prior Aid Given	N		1	EMS_PTNT	PRIOR_AID
36	Aid Given to Patient Prior to Arrival	C		3	EMS_AID	CODE
37	Scene Factors	N		1	EMS_PTNT	SCENE_FACT

38	Scene Factors Affecting Care	C		3		
39	Human Factors	N		1	EMS_PTNT	HUMAN_FACT
40	Human Factors Affecting Care	C		2		
41	Safety Equipment	N		1	EMS_PTNT	SAFETY_EQPT
42	Safety Equipment Worn or Deployed	C		2		
43	Responding Unit ID	C		6	EMS_PTNT	UNIT
44	EMS Provider Level - Initial	C		2	EMS_PTNT	INIT_LEVEL
45	EMS Provider Level - Highest	C		2	EMS_PTNT	HIGH_LEVEL
46	Symptoms Onset DateTime	N		12 or 14	EMS_PTNT	ONSET_DATE/ONSET_TIME
47	Injury/Illness	N		1	EMS_PTNT	INJ_ILL
48	Provider Impression	C		7	EMS_PTNT	IMPRESSION
49	Mechanism of Injury/Nature of Illness	C		6	EMS_PTNT	CAUSE
50	Patient Treatment Authorization	C		2	EMS_PTNT	TX_AUTH
51	Trauma Registry ID	C		10	EMS_PTNT	TRAUMA_ID
52	Patient Past Medical History	N		4	EMS_PTNT	PRIOR_HIST
53	Patient Past Medical History Codes	C		6		
54	Patient/Staff Exposures	N		4	EMS_PTNT	EXPOSURES
55	Patient/Staff Exposure Codes	C		3		
56	Exposure Cautions Taken	N		4	EMS_PTNT	PRECAUTIONS
57	Exposure Cautions Taken Codes	C		3		
58	Patient Disposition	C		2	EMS_PTNT	DISPOSITION
59	Patient Status	C		2	EMS_PTNT	PT_STATUS
60	Patient Pulse on Transfer	C		2	EMS_PTNT	PULSE_TRAN
61	Mode of Transport	C		2	EMS_PTNT	MODE_TRANS
62	Initial Facility/Destination	C		10	EMS_PTNT	DESTINATION
63	Destination Determined By	C		3	EMS_PTNT	DEST_DET
64	Diversion Destination	C		10	EMS_PTNT	DIVERT_TO
65	Attending Physician at Destination	X		40	EMS_PTNT	ATTEND_PHYS
66	Tiered Response Agency	C		10	EMS_PTNT	TIER_AGCY
67	Patient Narrative	X		999	EMS_PTNT	NARRATIVE
68	Injury/Alert Criteria	C		3	EMS_PTNT	ALERT_CRIT
69	Executive Order/Advanced Directive	C		3	EMS_PTNT	ADV_DIR
70	Destination Facility Type	C		6	LKP_EMS	NFIRS
71	Weight in kg	N		5.1	EMS_PTNT	WEIGHT_KG
72	Type of Aid Prior to Arrival	C		2	EMS_AID	AID_TYPE
73	Age	N		3.2		AGE

Comments
Type: 10100
measured in ft/in
measured in lbs
1=Yes, 2=No, 3=Unk, 4=N/A
MC
MC
1=Yes, 2=No, 3=Unk, 4=N/A
MC
1=Yes, 2=No, 3=N/A

MC
1=Yes, 2=No, 3=Unk, 4=N/A
MC
1=Yes, 2=No, 3=Unk, 4=N/A
MC
1=Injury, 2=Illness, 3=NA
1=Yes, 2=No, 3=Unk, 4=N/A
MC
1=Yes, 2=No, 3=Unk, 4=N/A
MC
1=Yes, 2=No, 3=Unk, 4=N/A
MC
NFIRS field is used in order to avoid structure change
MC

in YRS.MO format

Report Authority Transaction (10105)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10105
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Authority Sequence #	N		3	EMS_AUTH	SEQUENCE	
8	Authority Type	C		3	EMS_AUTH	AUTH_TYPE	
9	Authority Staff ID	X		15	EMS_AUTH	STAFF_ID	
10	Authority Rank	X		10	EMS_AUTH	RANK	
11	Authority First Name	X		15			
12	Authority Middle Initial	X		1			
13	Authority Last Name	X		25			
14	Authority Assignment	X		10	EMS_AUTH	ASSIGNMENT	
15	Authority DateTime	N		12 or 14	EMS_AUTH	DATE/TIME	
16	Authority Certification Level	C		3	EMS_AUTH	CERT_LVL	

Patient Confidentials Transaction (10110)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10110
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Patient Account #	X		15	EMS_PTNT	ACCT_NO	
8	Patient Address Line 1	X		40	EMS_PTNT	ADDR_1	
9	Patient Address Line 2	X		40	EMS_PTNT	ADDR_2	
10	Patient Apartment/Room #	X		15	EMS_PTNT	APT_ROOM	
11	Patient City	X		25	EMS_PTNT	CITY	
12	Patient State	X		2	EMS_PTNT	STATE	
13	Patient Zipcode	N		5 or 9	EMS_PTNT	ZIP	
14	Patient SSN	N		9	EMS_PTNT	SSN	
15	Patient Primary Physician	X		40	EMS_PTNT	PRIMARY_PHYS	
16	Patient First Name	X		15	EMS_PTNT	FIRST	
17	Patient Middle Name	X		15	EMS_PTNT	MIDDLE	
18	Patient Last Name	X		25	EMS_PTNT	LAST	
19	Patient Name Suffix	X		4	EMS_PTNT	SUFFIX	
20	Patient Phone #	N		10			
21	Patient Drivers License #	C		25	EMS_PTNT	DL_NUM	

Patient Billing/Guardian Transaction (10120)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)
1	Service #	X		10	EMS_MAIN	SERVICE
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE
3	Incident #	N		10	EMS_MAIN	INCI_NO
4	Record Type	N		5		
5	Transaction Type	C		1		
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE
7	Billing First Name	X		15	EMS_BILL	FIRST
8	Billing Middle Name	X		15	EMS_BILL	MIDDLE
9	Billing Last Name	X		25	EMS_BILL	LAST
10	Billing Address Line 1	X		40	EMS_BILL	ADDR_1
11	Billing Address Line 2	X		40	EMS_BILL	ADDR_2
12	Billing City	X		25	EMS_BILL	CITY
13	Billing State	X		2	EMS_BILL	STATE
14	Billing Zipcode	N		5 or 9	EMS_BILL	ZIP
15	Billing SSN	N		9	EMS_BILL	SSN
16	Billing Relationship to Patient	X		20	EMS_BILL	RELATION

Comments
Type: 10120

Patient Injury Matrix Transaction (10130)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10130
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Patient Head Abraision	Y		1	EMS_MTRX	HEAD_ABR	
8	Patient Head Amputation	Y		1	EMS_MTRX	HEAD_AMP	
9	Patient Head Burn	Y		1	EMS_MTRX	HEAD_BUR	
10	Patient Head Blunt Injury	Y		1	EMS_MTRX	HEAD_BLU	
11	Patient Head Crushing Injury	Y		1	EMS_MTRX	HEAD_CRU	
12	Patient Head Dislocation/Fracture	Y		1	EMS_MTRX	HEAD_DIS	
13	Patient Head Gunshot	Y		1	EMS_MTRX	HEAD_GUN	
14	Patient Head Laceration	Y		1	EMS_MTRX	HEAD_LAC	
15	Patient Head Pain	Y		1	EMS_MTRX	HEAD_PAI	
16	Patient Head Puncture/Stab	Y		1	EMS_MTRX	HEAD_PUN	
17	Patient Head Tissue Swelling	Y		1	EMS_MTRX	HEAD_SWE	
18	Patient Face Abraision	Y		1	EMS_MTRX	FACE_ABR	
19	Patient Face Amputation	Y		1	EMS_MTRX	FACE_AMP	
20	Patient Face Burn	Y		1	EMS_MTRX	FACE_BUR	
21	Patient Face Blunt Injury	Y		1	EMS_MTRX	FACE_BLU	
22	Patient Face Crushing Injury	Y		1	EMS_MTRX	FACE_CRU	
23	Patient Face Dislocation/Fracture	Y		1	EMS_MTRX	FACE_DIS	
24	Patient Face Gunshot	Y		1	EMS_MTRX	FACE_GUN	
25	Patient Face Laceration	Y		1	EMS_MTRX	FACE_LAC	
26	Patient Face Pain	Y		1	EMS_MTRX	FACE_PAI	
27	Patient Face Puncture/Stab	Y		1	EMS_MTRX	FACE_PUN	
28	Patient Face Tissue Swelling	Y		1	EMS_MTRX	FACE_SWE	
29	Patient Neck Abraision	Y		1	EMS_MTRX	NECK_ABR	
30	Patient Neck Amputation	Y		1	EMS_MTRX	NECK_AMP	
31	Patient Neck Burn	Y		1	EMS_MTRX	NECK_BUR	
32	Patient Neck Blunt Injury	Y		1	EMS_MTRX	NECK_BLU	
33	Patient Neck Crushing Injury	Y		1	EMS_MTRX	NECK_CRU	
34	Patient Neck Dislocation/Fracture	Y		1	EMS_MTRX	NECK_DIS	
35	Patient Neck Gunshot	Y		1	EMS_MTRX	NECK_GUN	

36	Patient Neck Laceration	Y		1	EMS_MTRX	NECK_LAC	
37	Patient Neck Pain	Y		1	EMS_MTRX	NECK_PAI	
38	Patient Neck Puncture/Stab	Y		1	EMS_MTRX	NECK_PUN	
39	Patient Neck Tissue Swelling	Y		1	EMS_MTRX	NECK_SWE	
40	Patient Chest Abraision	Y		1	EMS_MTRX	CHES_ABR	
41	Patient Chest Amputation	Y		1	EMS_MTRX	CHES_AMP	
42	Patient Chest Burn	Y		1	EMS_MTRX	CHES_BUR	
43	Patient Chest Blunt Injury	Y		1	EMS_MTRX	CHES_BLU	
44	Patient Chest Crushing Injury	Y		1	EMS_MTRX	CHES_CRU	
45	Patient Chest Dislocation/Fracture	Y		1	EMS_MTRX	CHES_DIS	
46	Patient Chest Gunshot	Y		1	EMS_MTRX	CHES_GUN	
47	Patient Chest Laceration	Y		1	EMS_MTRX	CHES_LAC	
48	Patient Chest Pain	Y		1	EMS_MTRX	CHES_PAI	
49	Patient Chest Puncture/Stab	Y		1	EMS_MTRX	CHES_PUN	
50	Patient Chest Tissue Swelling	Y		1	EMS_MTRX	CHES_SWE	
51	Patient Back Abraision	Y		1	EMS_MTRX	BACK_ABR	
52	Patient Back Amputation	Y		1	EMS_MTRX	BACK_AMP	
53	Patient Back Burn	Y		1	EMS_MTRX	BACK_BUR	
54	Patient Back Blunt Injury	Y		1	EMS_MTRX	BACK_BLU	
55	Patient Back Crushing Injury	Y		1	EMS_MTRX	BACK_CRU	
56	Patient Back Dislocation/Fracture	Y		1	EMS_MTRX	BACK_DIS	
57	Patient Back Gunshot	Y		1	EMS_MTRX	BACK_GUN	
58	Patient Back Laceration	Y		1	EMS_MTRX	BACK_LAC	
59	Patient Back Pain	Y		1	EMS_MTRX	BACK_PAI	
60	Patient Back Puncture/Stab	Y		1	EMS_MTRX	BACK_PUN	
61	Patient Back Tissue Swelling	Y		1	EMS_MTRX	BACK_SWE	
62	Patient Abdomen Abraision	Y		1	EMS_MTRX	ABDO_ABR	
63	Patient Abdomen Amputation	Y		1	EMS_MTRX	ABDO_AMP	
64	Patient Abdomen Burn	Y		1	EMS_MTRX	ABDO_BUR	
65	Patient Abdomen Blunt Injury	Y		1	EMS_MTRX	ABDO_BLU	
66	Patient Abdomen Crushing Injury	Y		1	EMS_MTRX	ABDO_CRU	
67	Patient Abdomen Dislocation/Fracture	Y		1	EMS_MTRX	ABDO_DIS	
68	Patient Abdomen Gunshot	Y		1	EMS_MTRX	ABDO_GUN	
69	Patient Abdomen Laceration	Y		1	EMS_MTRX	ABDO_LAC	
70	Patient Abdomen Pain	Y		1	EMS_MTRX	ABDO_PAI	
71	Patient Abdomen Puncture/Stab	Y		1	EMS_MTRX	ABDO_PUN	
72	Patient Abdomen Tissue Swelling	Y		1	EMS_MTRX	ABDO_SWE	
73	Patient Pelvis Abraision	Y		1	EMS_MTRX	PELV_ABR	
74	Patient Pelvis Amputation	Y		1	EMS_MTRX	PELV_AMP	
75	Patient Pelvis Burn	Y		1	EMS_MTRX	PELV_BUR	

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76	Patient Pelvis Blunt Injury	Y		1	EMS_MTRX	PELV_BLU	
77	Patient Pelvis Crushing Injury	Y		1	EMS_MTRX	PELV_CRU	
78	Patient Pelvis Dislocation/Fracture	Y		1	EMS_MTRX	PELV_DIS	
79	Patient Pelvis Gunshot	Y		1	EMS_MTRX	PELV_GUN	
80	Patient Pelvis Laceration	Y		1	EMS_MTRX	PELV_LAC	
81	Patient Pelvis Pain	Y		1	EMS_MTRX	PELV_PAI	
82	Patient Pelvis Puncture/Stab	Y		1	EMS_MTRX	PELV_PUN	
83	Patient Pelvis Tissue Swelling	Y		1	EMS_MTRX	PELV_SWE	
84	Patient Upper Extremity Abraision	Y		1	EMS_MTRX	UEXT_ABR	
85	Patient Upper Extremity Amputation	Y		1	EMS_MTRX	UEXT_AMP	
86	Patient Upper Extremity Burn	Y		1	EMS_MTRX	UEXT_BUR	
87	Patient Upper Extremity Blunt Injury	Y		1	EMS_MTRX	UEXT_BLU	
88	Patient Upper Extremity Crushing Injury	Y		1	EMS_MTRX	UEXT_CRU	
89	Patient Upper Extremity Dislocation/Fracture	Y		1	EMS_MTRX	UEXT_DIS	
90	Patient Upper Extremity Gunshot	Y		1	EMS_MTRX	UEXT_GUN	
91	Patient Upper Extremity Laceration	Y		1	EMS_MTRX	UEXT_LAC	
92	Patient Upper Extremity Pain	Y		1	EMS_MTRX	UEXT_PAI	
93	Patient Upper Extremity Puncture/Stab	Y		1	EMS_MTRX	UEXT_PUN	
94	Patient Upper Extremity Tissue Swelling	Y		1	EMS_MTRX	UEXT_SWE	
95	Patient Lower Extremity Abraision	Y		1	EMS_MTRX	LEXT_ABR	
96	Patient Lower Extremity Amputation	Y		1	EMS_MTRX	LEXT_AMP	
97	Patient Lower Extremity Burn	Y		1	EMS_MTRX	LEXT_BUR	
98	Patient Lower Extremity Blunt Injury	Y		1	EMS_MTRX	LEXT_BLU	
99	Patient Lower Extremity Crushing Injury	Y		1	EMS_MTRX	LEXT_CRU	
100	Patient Lower Extremity Dislocation/Fracture	Y		1	EMS_MTRX	LEXT_DIS	
101	Patient Lower Extremity Gunshot	Y		1	EMS_MTRX	LEXT_GUN	
102	Patient Lower Extremity Laceration	Y		1	EMS_MTRX	LEXT_LAC	
103	Patient Lower Extremity Pain	Y		1	EMS_MTRX	LEXT_PAI	
104	Patient Lower Extremity Puncture/Stab	Y		1	EMS_MTRX	LEXT_PUN	
105	Patient Lower Extremity Tissue Swelling	Y		1	EMS_MTRX	LEXT_SWE	

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Patient Cardiac Transaction (10140)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10140
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Patient Arrest Type	C		2	EMS_CARD	ARREST	
8	Patient Arrest Witnessed	Y		1	EMS_CARD	WITNESSED	
9	Patient Exhibited Symptoms Prior to Arrest	Y		1	EMS_CARD	SYMPTOMS	
10	Patient Traumatic Arrest	Y		1	EMS_CARD	TRAUMATIC	
11	Initial Arrest Rhythm	C		3	EMS_CARD	INIT_RHYTHM	
12	Patient Pre-Arrival Arrest Codes	C		2			MC
13	Elapsed Time Arrest to CPR <4 minutes	Y		1	EMS_CARD	AR2C_04	
14	Elapsed Time Arrest to CPR 4-8 minutes	Y		1	EMS_CARD	AR2C_48	
15	Elapsed Time Arrest to CPR 8-12 minutes	Y		1	EMS_CARD	AR2C_812	
16	Elapsed Time Arrest to CPR >12 minutes	Y		1	EMS_CARD	AR2C_12	
17	Elapsed Time Arrest to CPR Unknown	Y		1	EMS_CARD	AR2C_UNK	
18	Elapsed Time Arrest to Defib <4 minutes	Y		1	EMS_CARD	AR2D_04	
19	Elapsed Time Arrest to Defib 4-8 minutes	Y		1	EMS_CARD	AR2D_48	
20	Elapsed Time Arrest to Defib 8-12 minutes	Y		1	EMS_CARD	AR2D_812	
21	Elapsed Time Arrest to Defib >12 minutes	Y		1	EMS_CARD	AR2D_12	
22	Elapsed Time Arrest to Defib Unknown	Y		1	EMS_CARD	AR2D_UNK	
23	Elapsed Time Arrest to Meds <4 minutes	Y		1	EMS_CARD	AR2M_04	
24	Elapsed Time Arrest to Meds 4-8 minutes	Y		1	EMS_CARD	AR2M_48	
25	Elapsed Time Arrest to Meds 8-12 minutes	Y		1	EMS_CARD	AR2M_812	
26	Elapsed Time Arrest to Meds >12 minutes	Y		1	EMS_CARD	AR2M_12	
27	Elapsed Time Arrest to Meds Unknown	Y		1	EMS_CARD	AR2M_UNK	
28	# of Shocks Delivered	N		4	EMS_CARD	SHOCKS	
29	Spontaneous Pulse Restored	Y		1	EMS_CARD	SPON_PULSE	
30	Bystander CPR Performed on Patient	Y		1	EMS_CARD	BYST_CPR	
31	Bystander Name	X		30	EMS_CARD	CPR_NAME	
32	Bystander Address	X		30	EMS_CARD	CPR_ADDR	
33	Bystander City	X		25	EMS_CARD	CPR_CITY	
34	Bystander State	X		2	EMS_CARD	CPR_STATE	
35	Bystander Zipcode	N		5 or 9	EMS_CARD	CPR_ZIP	
36	Bystander Phone #	N		10	EMS_CARD	CPR_PHONE	
37	Arrest Witnessed DateTime	N		12 or 14	EMS_CARD	WIT_DATE/WIT_TIME	
38	CPR Initiated DateTime	N		12 or 14	EMS_CARD	CPRINIT_DATE/CPRINIT_TIME	

39	CPR Discontinued DateTime	N		12 or 14	EMS_CARD	CPRDISC_DATE/CPRDISC_TIME	
40	First Defibrillatory Shock DateTime	N		12 or 14	EMS_CARD	DEFIB_DATE/DEFIB_TIME	
41	First Medication Administered DateTime	N		12 or 14	EMS_CARD	MED_DATE/MED_TIME	
42	Spontaneous Circulation DateTime	N		12 or 14	EMS_CARD	SPON_DATE/SPON_TIME	

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Patient Procedure Transaction (10150)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10150
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Procedure Date/Time	N		12 or 14	EMS_PROC	DATE/TIME	
8	Procedure Code	C		6	EMS_PROC	CODE	
9	Performed By Staff ID	X		15	EMS_PROC	STAFF_ID	
10	Performed By First Name	X		15			
11	Performed By Middle Initial	X		1			
12	Performed By Last Name	X		25			
13	# Procedure Attempts	N		4	EMS_PROC	ATTEMPTS	
14	Procedure Successful	Y		1	EMS_PROC	SUCCESS	
15	Procedure Fee	F		8.4	EMS_PROC	FEE	

Patient Meds Transaction (10160)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10160
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Medication Date/Time	N		12 or 14	EMS_MEDS	DATE/TIME	
8	Medication Code	C		6	EMS_MEDS	MED	
9	Administered By Staff ID	X		15	EMS_MEDS	STAFF_ID	
10	Administered By First Name	X		15			
11	Administered By Middle Initial	X		1			
12	Administered By Last Name	X		25			
13	Misc Medication Dosage	X		60	EMS_MEDS	DOSAGE	
14	Medication Dosage	N	9999.99	7	EMS_MEDS	DOS_MED	
15	Medication Dosage Units	C		3	EMS_MEDS	DOS_UNIT	
16	Medication Administration Route	C		3	EMS_MEDS	DOS_ROUTE	

Patient Vitals/Assessment Transaction (10170)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10170
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Vitals Date/Time	N		12 or 14	EMS_VITA	DATE/TIME	
8	Taken By Staff ID	X		15	EMS_VITA	STAFF_ID	
9	Taken By First Name	X		15			
10	Taken By Middle Initial	X		1			
11	Taken By Last Name	X		25			
12	Level of Consciousness	C		2	EMS_VITA	LEVEL_CON	
13	Airway	C		2	EMS_VITA	AIRWAY	
14	Posture	C		2	EMS_VITA	POSTURE	
15	Respiration	C		2	EMS_VITA	RESP_RATE	
16	Respiratory Rhythm	C		2	EMS_VITA	RESP_RHYTHM	
17	Respiratory Effort/Quality	C		2	EMS_VITA	RESP_EFFORT	
18	Pulse	C		2	EMS_VITA	PULSE_RATE	
19	Pulse Rhythm	C		2	EMS_VITA	PULSE_RHYTHM	
20	Pulse Quality	C		2	EMS_VITA	PULSE_QUALITY	
21	Skin Perfusion	C		2	EMS_VITA	SKIN_PERF	
22	Capillary Refill Rate in Seconds	N		4	EMS_VITA	CAP_REFILL	
23	Capillary Refill Rate Not Assessed	Y		1	EMS_VITA	CAP_REFILL_NA	
24	Capillary Refill Rate Unknown	Y		1	EMS_VITA	CAP_REFILL_UNK	
25	Pitting Edema Rate in Seconds	N		4	EMS_VITA	PIT_EDEMA	
26	Pitting Edema Rate Not Assessed	Y		1	EMS_VITA	PIT_EDEMA_NA	
27	Pitting Edema Rate Unknown	Y		1	EMS_VITA	PIT_EDEMA_UNK	
28	Bleeding Status	C		2	EMS_VITA	BLEEDING	
29	Left Pupil	C		2	EMS_VITA	L_PUPIL	
30	Right Pupil	C		2	EMS_VITA	R_PUPIL	
31	Pulse Rate	N		4	EMS_VITA	PULSE	
32	Pulse Rate Not Assessed	Y		1	EMS_VITA	PULSE_NA	
33	Pulse Rate Unknown	Y		1	EMS_VITA	PULSE_UNK	
34	Respirations	N		4	EMS_VITA	RESP	
35	Respirations Not Assessed	Y		1	EMS_VITA	RESP_NA	
36	Respirations Unknown	Y		1	EMS_VITA	RESP_UNK	
37	Temperature	F		6.2	EMS_VITA	TEMP	

38	Temperature Not Assessed	Y		1	EMS_VITA	TEMP_NA	
39	Temperature Unknown	Y		1	EMS_VITA	TEMP_UNK	
40	Blood Pressure Systolic	N		4	EMS_VITA	BP_SYS	
41	Blood Pressure Diastolic	N		4	EMS_VITA	BP_DIA	
42	By Palpatation/Doppler	Y		1	EMS_VITA	BP_PALP	
43	Blood Pressure Not Assessed	Y		1	EMS_VITA	BP_NA	
44	Blood Pressure Unknown	Y		1	EMS_VITA	BP_UNK	
45	PaO2 Level in %	N		4	EMS_VITA	PAO2	
46	PaO2 Level Not Assessed	Y		1	EMS_VITA	PAO2_NA	
47	PaO2 Level Unknown	Y		1	EMS_VITA	PAO2_UNK	
48	Skin Appearance	C		2	EMS_VITA	SKIN_APPEAR	
49	Skin Color	C		2	EMS_VITA	SKIN_COLOR	
50	Skin Temperature	C		2	EMS_VITA	SKIN_TEMP	
51	Glasgow Scale - Eyes Open	N		4	EMS_VITA	G_EYE	Adult/Pediatric/Infant: 1-No Response, 2-Open to Pain, 3-Open to Voice, 4-Open Spontaneously
52	Glasgow Scale - Eyes Open Unknown	Y		1	EMS_VITA	G_EYE_UNK	
53	Glasgow Scale - Motor Response	N		4	EMS_VITA	G_MOTOR	Adult: 1-No Response, 2-Extension to Pain, 3-Flexion to Pain, 4-Withdraws from Pain, 5-Locates Pain, 6-Obeys Commands // Pediatric: Same as adult except: 6-Purposeful Spontaneous Movement // Infant: Same as Pediatric
54	Glasgow Scale - Motor Response Unknown	Y		1	EMS_VITA	G_MOTOR_UNK	
55	Glasgow Scale - Verbal Response	N		4	EMS_VITA	G_VERBAL	Adult: 1-No Response, 2-Incomprehensable, 3-Inappropriate Words, 4-Confused, 5-Oriented/Appropriate Speech // Pediatric: 1-None, 2-Grunts, 3-Cries and/or Screams, 4-Inappropriate Words, 5-Appropriate Words // Infant: 1-None, 2-Persistant Cry,Grunting, 3-Inappripriate Cry, 4-Cries, Inconsolable, 5-Smiles, Coos, Cries Appropriately

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56	Glasgow Scale - Verbal Response Unknown	Y		1	EMS_VITA	G_VERBAL_UNK	
57	Glasgow Scale Total	N		4	EMS_VITA	GCS_TOTAL	
58	Revised Trauma Total	N		4	EMS_VITA	RTS	
59	Cardiac Rhythm Interpretation	C		3	EMS_VITA	CARDIAC_RHYTHM	
60	Lung Sound - Left	C		2	EMS_VITA	LUNG_LF	
61	Lung Sound - Right	C		2	EMS_VITA	LUNG_RT	

Patient Special Study Transaction (10180)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10180
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Special Study Sequence #	N		3	EMS_SPCL	SEQUENCE	
8	Special Study ID	C		5	EMS_SPCL	STUDY_ID	
9	Special Study Value	C		5	EMS_SPCL	STUDY_VAL	

Patient Injury/Illness Transaction (10190)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10190
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Injury/Illness Sequence #	N		3	EMS_INJU	SEQUENCE	
8	Injury/Illness Code	C		4	EMS_INJU	CODE	
9	Injury/Illness Area	C		2	EMS_INJU	AREA	
10	Injury/Illness Severity	C		2	EMS_INJU	SEVERITY	
11	Injury/Illness is Job Related	N		4	EMS_INJU	JOB_REL	1=N/A, 2=Yes, 3=No, 4=Unk
12	Injury/Illness Symptoms	C		6			MC

Vehicle Accident Transaction (10200)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10200
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Mobile Property Type	C		3	EMS_VEH	MOBL_PROP	
8	Accident Type	C		2	EMS_VEH	ACCI_TYPE	
9	Vehicle Found	C		2	EMS_VEH	VEH_FOUND	
10	Passenger Position	C		3	EMS_VEH	POSITION	
11	Passenger Ejection	C		2	EMS_VEH	EJECTION	
12	Extrication Required	Y		1	EMS_VEH	EXTRICATED	
13	Time Required for Extrication in Minutes	N		4	EMS_VEH	EXTR_TIME	
14	Extrication Agency	C		10	EMS_VEH	EXTR_AGCY	
15	Drivers License #	X		25	EMS_VEH	DRIVE_LIC	
16	Drivers License State	C		2	EMS_VEH	DL_STATE	
17	Make of Vehicle	C		3	EMS_VEH	VEH_MAKE	
18	Vehicle License Plate #	X		10	EMS_VEH	VEH_LIC	
19	Vehicle License State	C		2	EMS_VEH	VEH_ST	
20	Vehicle Identification Number (VIN)	X		17	EMS_VEH	VIN	

Search & Rescue Transaction (10300)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10	EMS_MAIN	SERVICE	
2	Alarm Date	N		8	EMS_MAIN	ALM_DATE	
3	Incident #	N		10	EMS_MAIN	INCI_NO	
4	Record Type	N		5			Type: 10300
5	Transaction Type	C		1			
6	Patient Sequence #	N		3	EMS_PTNT	SEQUENCE	
7	Trench or Confined Space Rescue	Y		1	EMS_RESC	CONFSPC_NA	
8	Type of Ventilation Used	C		2	EMS_RESC	TYPE_VENT	
9	Air Quality Monitored	N		4	EMS_RESC	AIR_MONITOR	1-Yes, 2-No, 3-Not Applicable
10	SCBA Used	N		4	EMS_RESC	SCBA_USED	1-Yes, 2-No, 3-Not Applicable
11	Water Rescue	Y		1	EMS_RESC	WATER_NA	
12	# of Boats Used	N		4	EMS_RESC	BOATS	
13	# of Divers Used	N		4	EMS_RESC	DIVERS	
14	Hours to Recovery	F		6.2	EMS_RESC	HRS_RECOVER	
15	Low or High Angle Rescue	Y		1	EMS_RESC	ANGLE_NA	
16	Low or High Angle Rescue System Used	C		2	EMS_RESC	SYSTEM_USED	
17	Depth/Height of Rescue	N		4	EMS_RESC	DEPTH_HEIGHT	+/-
18	Search & Rescue Equipment Used	C		2			MC
19	Victim Found	N		4	EMS_RESC	VICT_FOUND	1-Yes, 2-No, 3-Not Applicable
20	Victim Status	C		2	EMS_RESC	VICT_STATUS	
21	Distance Found from Last Known Locale	F		8.2	EMS_RESC	DIST_FOUND	
22	Distance Units	N		4	EMS_RESC	DIST_UNIT	1-ft, 2-mi

EMS Department Header Transaction (20000)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10			
2	EMS Department State	C		2			
3	Record Type	N		5			Type: 20000
4	Transaction Type	C		1			
5	EMS Department Name	X		30			
6	EMS Department Street Number	X		8			
7	EMS Department Street Prefix	C		2			
8	EMS Department Street	X		30			
9	EMS Department Street Type	C		4			
10	EMS Department Street Suffix	C		2			
11	EMS Department City	X		20			
12	EMS Department Zip	N		9			
13	EMS Department Phone	N		10			
14	EMS Department Fax	N		10			
15	EMS Department E-Mail	X		45			
16	EMS Department FIPS County Code	X		4			
17	EMS Department FDID	X		5			

EMS Department Personnel Transaction (20010)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10			
2	EMS Department State	C		2			
3	Record Type	N		5			Type: 20010
4	Transaction Type	C		1			
5	EMS Personnel ID	X		9			
6	EMS Personnel First Name	X		15			
7	EMS Personnel Middle Name	X		1			
8	EMS Personnel Last Name	X		25			
9	EMS Personnel Name Suffix	X		3			
10	EMS Personnel Rank	X		10			
11	EMS Personnel Phone 1	N		10			
12	EMS Personnel Phone 2	N		10			
13	EMS Personnel E-Mail	X		45			

EMS Department Apparatus Transaction (20020)

Element Number	Element Name	Data Type	Special Formatting	Max or Expected Length	FH50 Table	FH50 Field(s)	Comments
1	Service #	X		10			
2	EMS Department State	C		2			
3	Record Type	N		5			Type: 20020
4	Transaction Type	C		1			
5	EMS Apparatus ID	X		9			
6	EMS Apparatus Type	X		2 or 3			
7	EMS Apparatus Name	X		25			
8	EMS Apparatus First In Service Date	N		8			